



COPY OF PAPERS
ORIGINALLY FILED

Gp/2823

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/033,854
	Filing Date	December 19, 2001
	First Named Inventor	Mahesh Sambasivam
	Group Art Unit	2823
	Examiner Name	Scott A. Brairton
Total Number of Pages in This Submission	Attorney Docket Number	42390P13267

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 5, 2002

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on: September 5, 2002			
Typed or printed name	Deborah L. Higham		
Signature		Date	September 5, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPER
ORIGINALLY FILED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/033,854
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 19, 2002
0.00		First Named Inventor	Manish Sambasivam
		Examiner Name	Scott A. Blair
		Group/Art Unit	2823
		Attorney Docket No.	42390P13267

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Deposit Account		3. ADDITIONAL FEES																																													
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																															
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																															
1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)				(\$)			
Large Entity	Small Entity	Fee Description	Fee Paid																																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																												
101	740	201	370	Utility filing fee																																											
106	330	206	165	Design filing fee																																											
107	510	207	255	Plant filing fee																																											
108	740	208	370	Reissue filing fee																																											
114	160	214	80	Provisional filing fee																																											
SUBTOTAL (1)				(\$)																																											
2. EXTRA CLAIM FEES																																															
Total Claims: 20 Independent Claims: 3 Multiple Dependent: 0																																															
Extra Claims: 20* Fee from below: 18.00 Fee Paid: \$0.00																																															
Independent Claims: 3* Fee from below: 84.00 Fee Paid: \$0.00																																															
SUBTOTAL (2) (\$)		0.00																																													
*or number previously paid, if greater, For Reissues, see below																																															
		Fee Description																																													
		Fee Paid																																													
		105 130 205 65 Surcharge - late filing fee or oath																																													
		127 50 227 25 Surcharge - late provisional filing fee or cover sheet.																																													
		139 130 139 130 Non-English specification																																													
		147 2,520 147 2,520 For filing a request for ex parte reexamination																																													
		112 920* 112 920* Requesting publication of SIR prior to Examiner action																																													
		113 1,840* 113 1,840* Requesting publication of SIR after Examiner action																																													
		115 110 215 55 Extension for reply within first month																																													
		116 400 216 200 Extension for reply within second month																																													
		117 920 217 480 Extension for reply within third month																																													
		118 1,440 218 720 Extension for reply within fourth month																																													
		128 1,960 228 980 Extension for reply within fifth month																																													
		119 320 219 160 Notice of Appeal																																													
		120 320 220 160 Filing a brief in support of an appeal																																													
		121 280 221 140 Request for oral hearing																																													
		138 1,510 138 1,510 Petition to institute a public use proceeding																																													
		140 110 240 55 Petition to revive - unavoidable																																													
		141 1,280 241 640 Petition to revive - unintentional																																													
		142 1,280 242 640 Utility issue fee (or reissue)																																													
		143 460 243 230 Design issue fee																																													
		144 620 244 310 Plant issue fee																																													
		122 130 122 130 Petitions to the Commissioner																																													
		123 50 123 50 Prosecution fee under 37 CFR 1.17(q)																																													
		126 180 126 180 Submission of Information Disclosure Stmt																																													
		581 40 581 40 Recording each patent assignment per property (times number of properties)																																													
		146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))																																													
		149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))																																													
		179 740 279 370 Request for Continued Examination (RCE)																																													
		169 900 169 900 Request for expedited examination of a design application																																													
		Other fee (specify)																																													
		SUBTOTAL (3) (\$)																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature	<i>Paul A. Mendonsa</i>	Telephone	(503) 684-6200
		Date	09/05/02

WARNING: Information in this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization in PTO-2039.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.